

**CERTIFICATE OF
PUBLIC CONVENIENCE
AND NECESSITY (CPCN)**

affix label here

CALENDAR YEAR 2014

**ANNUAL REPORT FOR
DISPOSAL UTILITIES**

DUE JUNE 1, 2015



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION ENVIRONMENTAL MANAGEMENT

401 E. STATE STREET
2ND FLOOR, WEST WING
MAIL CODE 401-02C
TRENTON, NJ 08625-0420

CHRIS CHRISTIE
GOVERNOR

BOB MARTIN
COMMISSIONER

KIM GUADAGNO
LT. GOVERNOR

April 20, 2015

Dear CPCN Holder:

Enclosed is the 2014 SOLID WASTE ANNUAL UTILITY REPORT, **which must be submitted no later than June 1, 2015 and mailed directly to NJDEP at the address above.** Your company, as a regulated solid waste public utility, is required to file this report even if there was no activity during calendar year 2014 OR if you discontinued service during calendar year 2014.

Please be aware that this report is NOT the annual A-901 update which you are required to submit separately to the Office of the Attorney General.

When you mail in your completed CPCN Annual Utility Report, NJDEP will review, verify and approve it. Based on the reported solid waste gross operating revenue, a fee assessment will be calculated and an invoice (bill) will be mailed to you under separate cover. The Department of Treasury, Bureau of Revenue will mail this invoice directly to you. Please promptly pay this fee assessment directly to the Bureau of Revenue and include the invoice with your payment. Do not send any payments to NJDEP!

The fee assessment is calculated at the rate of $\frac{1}{4}$ of 1% of your reported gross operating revenue with a \$600 minimum fee. It is important that you submit payment promptly since NJDEP is required to refer all overdue fees to Collections within 90 days of the date the fee is assessed.

Failure to file a completed Annual Report and pay the appropriate assessment will result in penalties and may result in the loss of your CPCN in accordance with N.J.A.C. 7:26H-5.15(b)1.

Should you have any questions concerning the Annual Utility Report, please call the Solid Waste Utility Unit at (609) 984-4250.

Sincerely,

Deborah Pinto, Chief
Bureau of Planning & Licensing

2014 ANNUAL REPORT INSTRUCTIONS

1. This Annual Report form contains the appropriate scheduled for Solid Waste Utilities who are required to file an Annual Report with the New Jersey Department of Environmental Protection.
2. This report must be filed in Original form **no later than June 1, 2015.**
3. Failure to file a complete Annual Report will result in penalties and may result in the loss of your Certificate of Public Convenience and Necessity in accordance with N.J.A.C. 7:26H-5.15(b)1.
4. The word "respondent" wherever used in the report means the person, firm, association or corporation for the solid waste public utility on whose behalf the report is filed.
5. This report can be found online at www.nj.gov/dep/dshw/swr and can be downloaded to your hard drive or computer. It cannot be completed online.
6. The instructions should be carefully observed and each question should be answered fully and accurately whether or not it has been answered in a previous Annual Report. If the word "no" or none truly and completely states the fact, it should be used to answer any particular inquiry or any portion thereof. If any schedule or inquiry is not applicable to the Respondent, please indicate by noting "N/A".
7. The Annual Report should be complete in itself in all particulars. Reference to Annual Report of previous years or to other reports should not be made in lieu of required entries except herein specifically directed or authorized.
8. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be enclosed in parentheses.
9. Whenever scheduled call for comparisons of figures of a previous year, the figures reported must be based upon those by the Annual Report of the previous year. Any adjustments from a prior year's Annual Report must be explained in detail.
10. If the respondent makes a report for a period of less than a calendar year, the beginning and the end of the period covered must be clearly stated on the form cover and throughout the report where the year or period is required to be stated.

(g) Waste identification and definition of solids includes the following:

1. Solid wastes; waste ID number and definitions:

- i. 10 Municipal (household, commercial and institutional): Waste originating in the community consisting of household waste from private residences, commercial waste which originates in wholesale, retail or service establishments, such as, restaurants, stores, markets, theatres, hotels and warehouses, and institutional waste material originated in schools, hospitals, research institutions and public buildings.
- ii. 12 Dry sewage sludge: Sludge from a sewage treatment plant which has been digested and dewatered and does not require liquid handling equipment.
- iii. 13 Bulky waste: Large items of waste material, such as appliances and furniture. Discarded automobiles, trucks and trailers and large vehicle parts, and tires are included under this category.
- iv. 13C Construction and demolition waste: Waste building material and rubble resulting from construction, remodeling, repair, and demolition operations on houses, commercial buildings, pavements and other structures. The following materials may be found in construction and demolition waste: treated and untreated wood scrap; tree parts, tree stumps and brush; concrete, asphalt, bricks, blocks and other masonry; plaster and wallboard; roofing materials; corrugated cardboard and miscellaneous paper; ferrous and non-ferrous metal; non-asbestos building insulation; plastic scrap; dirt; carpets and padding; glass (window and door); and other miscellaneous materials; but shall not include other solid waste types.
- v. 23 Vegetative waste: Waste materials from farms, plant nurseries and greenhouses that are produced from the raising of plants. This waste includes such crop residues as plant stalks, hulls, leaves and tree wastes processed through a wood chipper. Also included are non-crop residues such as leaves, grass clippings, tree parts, shrubbery and garden wastes.
- vi. 25 Animal and food processing wastes: Processing waste materials generated in canneries, slaughterhouses, packing plants or similar industries, including animal manure when intended for disposal and not reuse. Also included are dead animals. Animal manure, when intended for reuse or composting, is to be managed in accordance with the criteria and standards developed by the Department of Agriculture as set forth at N.J.S.A. 4:9-38.
- vii. 27 Dry industrial waste: Waste materials resulting from manufacturing, industrial and research and development processes and operations, and which are not hazardous in accordance with the standards and procedures set forth at 7:26G. Also included are nonhazardous oil spill cleanup waste, dry nonhazardous pesticides, dry nonhazardous chemical waste, and residue from the operations of a scrap metal shredding facility.
- viii. 27A Waste material consisting of asbestos or asbestos containing waste.
- ix. 27I Waste material consisting of incinerator ash or ash containing waste.

(h) Waste identification and definition of liquids include the following:

1. Liquid wastes; waste ID number and definitions:

- i. 72 Bulk liquid and semiliquids: Liquid or a mixture consisting of solid matter suspended in a liquid media which is contained within, or is discharged from, any one vessel, tank or other container which has the capacity of 20 gallons or more. Not included in this waste classification are septic tank clean-out wastes and liquid sewage sludge.
- ii. 73 Septic tank clean-out wastes: Pumpings from septic tanks and cesspools. Not included are wastes from a sewage treatment plant.
- iii. 74 Liquid sewage sludge: Liquid residue from a sewage treatment plant consisting of sewage solids combined with water and dissolved materials.

Name of Facility _____ SW _____

2014 CPCN ANNUAL REPORT - FOR DISPOSAL FACILITIES

PLEASE FILL IN ALL INFORMATION BELOW:

TODAY'S DATE: _____

1. NAME OF DISPOSAL FACILITY: _____

STREET ADDRESS: _____

CITY, STATE ZIP _____

BILLING/MAILING ADDRESS: (☐CHECK HERE IF SAME AS ABOVE):

TELEPHONE: _____

FAX: _____

EMAIL: _____

2. NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO THE FACILITY: _____

CONTACT NUMBER: _____

SW _____
Name of Facility _____

3. DOES THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

☐ Check here if additional pages are attached

4. DO ANY PRINCIPALS OF THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS OR LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

Name: _____
Address: _____
City State Zip: _____
Provide a brief description: _____

☐ Check here if additional pages are attached

Name of Facility SW _____

TIPPING FEE CHANGES

This form is required only when tipping fees will change.

Future Changes in Tipping Fee Information:

Solid Waste Disposal Utilities are required to Notify the Department of any changes in tipping fees within (3) days of the changes. If you anticipate changing tipping fees, please copy and use this form to notify the Department of any changes your facility may make in tipping fees.

Current tipping fee rates:

Current Tipping Fees and Waste Types: _____

Date was posted at the gate rate: _____

Facility Name: _____

Company Address: _____

Anticipated NEW Tipping Fees* and Waste Types: _____

Anticipated Date New Tipping Fee will posted at the gate rate: _____

WITHIN THREE (3) DAYS OF CHANGE, PLEASE FILL OUT THE ABOVE INFORMATION AND-MAIL TO:

NJDEP BUREAU OF PLANNING & LICENSING
401 EAST STATE STREET
MAIL CODE 401-02C; PO BOX 420
TRENTON, NJ 08625-0420
ATTN: JOSEPH NALBONE

SW _____
Name of Facility _____

HOST COMMUNITY BENEFIT REPORT

USE LATEST AVAILABLE DATA FOR HOST COMMUNITY BENEFITS

Company Name: _____

Solid Waste Number: SW _____

Facility ID: _____

Facility Address: _____

Mailing Address: _____

Host Municipality: _____

Amount Per Ton: _____

Free Dumping: ☐ No ☐ Yes: If yes, provide details: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Fax: _____

Date: _____

SW _____
Name of Facility _____

TRANSFER STATION DISPOSAL INFORMATION

Company Name: _____

List the Name and Address of All Disposal Facilities the Respondent Used During 2014	Waste Type	Total Tons Disposed at Facility	Total Amount of Disposal Fee Paid to the Facility	Name of the Hauler used to Transport Solid Waste

Please provide the information below for each disposal facility used by your company for calendar year 2014

SW _____
Name of Facility _____

2014 GROSS SOLID WASTE OPERATING REVENUE BY COUNTY

Please provide the Gross Solid Waste Operating Revenues per ton for all solid waste collected during 2014.

County	2014 Solid Waste Revenue
Atlantic	
Bergen	
Burlington	
Camden	
Cape May	
Cumberland	
Essex	
Gloucester	
Hudson	
Hunterdon	
Mercer	
Middlesex	
Monmouth	
Morris	
Ocean	
Passaic	
Salem	
Somerset	
Sussex	
Union	
Warren	
Out of State Waste Received	

Total Solid Waste Revenue by Tons
Year Ending December 31, 2014: \$ _____

SW _____
Name of Facility _____

OPERATING EXPENSE STATEMENT

Operating expenses during 2014.

Amount on this form must match Page 6 \$ _____

OPERATING EXPENSES: Total: _____

Disposal (Transfer Station or Incinerator Ash) _____

Salaries and Benefits _____

Fuel and Oil _____

OFFICE EXPENSES: Total: _____

Salaries and Benefits _____

General and Administration _____

Building and Grounds _____

DEBT EXPENSE Total: _____

DEPRECIATION EXPENSE Total: _____

TAXES: Total: _____

Payroll _____

Other (Specify): _____

GROSS INCOME OR LOSS: _____

Income Tax _____

NET INCOME OR LOSS: _____

Name of Facility SW _____

2014 GROSS OPERATING REVENUE

REPORT THE ANNUAL GROSS OPERATING REVENUE FOR 2014 FROM THE FOLLOWING WASTE TYPES:

Gross operating revenue from each waste type and rate:

Type 10 Waste: _____

Type 13 Waste: _____

Type 23 Waste: _____

Type 25 Waste: _____

Type 27 Waste: _____

All other special wastes (tires, mattresses): _____

Recycling Revenue: _____

Energy Revenue: _____

Investment Revenue: _____

Miscellaneous Revenue Source(s): _____

**TOTAL GROSS OPERATING REVENUE FOR
CALENDAR YEAR 2014 \$ _____**

SW _____
Name of Facility _____

**CONTRACTS FOR DELIVERY OF SOLID WASTE
TO YOUR FACILITY FROM A CUSTOMER**

1. Contracts the Facility has with Customers, for Delivery of Solid Waste to the Facility

List all major contracts the RESPONDENT has placed for delivery of Solid Waste to the Respondent's (designated) facility (label and attach a separate page if necessary):

Name of Company or Entity _____
Length of Contract _____
Contract Termination Date _____
Total Tons of solid waste delivered _____
Total amount of revenue received
during calendar year 2014 for each contract _____

Name of Company or Entity _____
Length of Contract _____
Contract Termination Date _____
Total Tons of solid waste delivered _____
Total amount of revenue received
during calendar year 2014 for each contract _____

Name of Company or Entity _____
Length of Contract _____
Contract Termination Date _____
Total Tons of solid waste delivered _____
Total amount of revenue received
during calendar year 2014 for each contract _____

☐ Check here if additional pages are attached

SW _____
Name of Facility _____

EXPENSE STATEMENT

1. List all contracts in place between the Respondent and a contractor for operations of a DISPOSAL FACILITY owned by the respondent in calendar year 2014

Name of Contractor _____
Length of Contract _____
Expiration Date _____
Amount Spent _____

2. List all contracts in place between the Respondent and a contractor for operations of a disposal facility NOT owned by the respondent in calendar year 2014

Name of Contractor _____
Length of Contract _____
Expiration Date _____
Amount Spent _____

3. Identify all outstanding long term debt the Respondent has incurred in finance Respondents' Solid Waste System. For each bond or encumbrance issued to finance your solid waste system, Please state the following:

Date Issued _____
Original Amount of Debt _____
Principal remaining _____
Maturity Date _____
Annual Debt service owned and paid _____

4. List all transportation contracts the Respondent has entered into (label and attach a separate page if necessary):

Name of Contractor _____
Term of the Contract _____
Termination of the Contract _____
Item transported (ash or solid waste) _____
Amount spent on contract in 2014 _____

☐ Check here if additional pages are attached

SW _____

Name of Facility _____

EXPENSE STATEMENT (continuation)

5. List all landfill air space contracts that Respondent holds or Incinerator contracts where solid waste from your facility is disposed:

Name of Landfill or Incinerator _____

Length of the Contract _____

Termination of the Contract date _____

Total Space reserved (*if applicable*) _____

Amount spent on contract in 2014 _____

6. Identify expenses for 2014 in the following categories:

Administration _____

Energy _____

Insurance _____

Professional Service _____

Maintenance _____

Special Fund _____

Miscellaneous (items **less** than 5% of total) _____

Miscellaneous (items **over** than 5% of total) _____

Capital Improvements _____

Acquisition of Capital Assets _____

7. Identify any significant changes in your expenses that you expect to incur in 2015:

(+/-20% of 2014 expenses) Explain the anticipated changes: _____

SW

Name of Facility _____

CORPORATION STRUCTURE**THIS PAGE MUST BE COMPLETED BY CORPORATIONS**

(Limited Liability Companies, Partnerships and Proprietorship - please mark N/A and proceed to the next page)

OFFICERS: Report below officers at date of verification of this report.

If there have been any changes since the last report, name, show title, and address of previous officer and date of changed.

Name and Official Title	Principal Business Address	Date Appointed or Changed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DIRECTORS: Please list all Current Directors; and list previous Director that has changed since the last reporting cycle. If there have been any changes since the last report, show name and address of previous Director and date of change.

Designate by asterisk members of executive committee

Name of Directors	Principal Business Address	Term Began	Term Expires
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Number of meetings of Board of Directors held during 2014: _____

Number of Directors required to constitute a quorum: _____

Total amount of Director fees paid during 2014: _____

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

SW _____

Name of Facility _____

LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP STRUCTURE**THIS PAGE MUST BE COMPLETED BY LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP**

(Corporations - please mark N/A)

Please list name of Members, Partners and/or Owners, Official Title, Residential Address, Date Appointed to Position and percentage of ownership.

Member, Partner or Owner Name and Official Title	Residential Address	Start Date	% OWNERSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

SW _____

Name of Facility _____

SUMMARY OF SALARIES AND WAGES

1. Show in column "B" the number of officers and employees normally assigned to the functions shown in column "A". If an employee fills more than one function, list that employee in the one classification to which the majority of that employee's time is distributed.
2. Show in column "C" the total payroll distribution to each classification.
3. Column "B" and "C" should be considered independently because it is possible, due to multiple distribution of an employee's time, for a dollar amount be changed to a classification to which employees are permanently assigned.

Line No.	A. Classification	B. Average Number of Employees	C. Payroll Distribution	D. Payroll Distribution Comparison with Preceding Year Increase or Decrease
Operations and Maintenance				
1.				
2.				
3.				
4.				
5.				
Administrative and Supervision				
6.				
7.				
8.				
9.				
10.				
Other Accounts				
11.				
12.				
13.				
Total Payroll for Year 2014				

Salaries

1. Report amounts paid during year to all officers and all supervisory employees.
2. If any listing is for less than full year, state period covered.
3. Bonuses and other remuneration should be included. Furnish particulars.

A. Name	B. Title	C. Compensation Paid for the Year

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

SECURITY HOLDERS, VOTING POWERS AND CAPITAL STOCK

1. List security holders have more than 5% voting powers in Respondent, security holders that are corporate directors, security holders that would have more than 5% voting powers if their securities were converted or if their warrants were exercise.
2. Arrange names of security holders in order of voting power commencing with the highest.
3. Indicate officers and directors with an asterisk
4. Report the particulars called for concerning each issue and series of common stock, preferred stock, convertible bond and warrant
5. Amount shown in column (g) with respect to non-par stock without value should be the cash value per share of the consideration received.
6. Indicate the method used to calculate the conversion value of convertible bond and warrants.

[illegible]

PLEASE FILL IN EACH QUESTION ACCURATELY OR MARK N/A IF NOT APPLICABLE

SW _____
Name of Facility _____

INSERT TARIFF

SW _____
Name of Facility _____

VERIFICATION AND OATH FOR 2014 ANNUAL REPORT FILING

NAME OF PERSON COMPLETING THIS FORM: _____

RELATIONSHIP TO BUSINESS: _____

CONTACT NUMBER: _____

The 2014 Disposal Facilities Annual Report must be certified by the oath of the person responsible for the preparation of the report, also known as the "Respondent".

The 2014 Disposal Facilities Annual Report must be verified and certified by the oath of the President or another principal general officer if other than the respondent.

Oath To be made by the person responsible for preparation of this report:

(Insert name and title of REPONDENT)

makes oath that he/she has carefully examined the said report and to the best of their knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he/she believes that all other statements of fact contained in the said report are true, and that said report is a correct and complete statement of the business and affairs of the above named respondent during the reporting year.

(Signature of Report Preparer)

State of _____ County of _____
Sworn to and subscribed before me
this _____ day of _____ 20 _____
_____ Print Name of Notary Public or Officer Authorized to Administer Oath
_____ Signature of Notary Public or Officer Authorized to Administer Oath
My Commission expires: _____
Impression Stamp

Supplemental Oath To be made by the Proprietor, Partner, President or other principal officer of the utility:

(Insert name of Owner or Officer and Title)

makes oath that he/she has carefully examined the foregoing report; that he/she believes that all statements of fact contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above named respondent and the operations of its property during the reporting year.

(Signature of Owner or Officer)

State of _____ County of _____
Sworn to and subscribed before me
this _____ day of _____ 20 _____
_____ Print Name of Notary Public or Officer Authorized to Administer Oath
_____ Signature of Notary Public or Officer Authorized to Administer Oath
My Commission expires: _____
Impression Stamp

SW _____
Name of Facility _____

REMINDERS AND CHECKLIST

- THIS ANNUAL REPORT IS FOR DISPOSAL FACILITIES FOR CALENDAR YEAR 2014.
- ALL QUESTIONS AND PAGES MUST BE FILLED IN. DO NOT LEAVE ANY QUESTIONS/PAGES BLANK. IF THE QUESTION IS NOT APPLICABLE, YOU MUST MARK AS N/A OR NONE.
- THIS REPORT IS REQUIRED EVEN IF THERE WAS NO ACTIVITY DURING 2014

CHECKLIST

HAVE YOU:

- ☐ ANSWERED EVERY QUESTION ACCURATELY OR MARKED N/A
- ☐ HAD THE OATH NOTARIZED
- ☐ ATTACHED A COPY OF YOUR CURRENT TARIFF
- ☐ RETURN THIS COMPLETED PACKAGE BEFORE JUNE 1, 2015

- A \$5 PER DAY PENALTY FOR LATE REPORT WILL BE ASSESSED
- THIS COMPLETE REPORT IS DUE **NO LATER THAN JUNE 1, 2015** AND MUST MAIL TO:

NJDEP - PLANNING AND LICENSING
2014 DISPOSAL FACILITY ANNUAL REPORT
401 EAST STATE STREET
MAIL CODE 401-02C; PO BOX 420
TRENTON, NJ 08625-0420

IT IS SUGGESTED THAT YOU MAIL THIS COMPLETED REPORT VIA CERTIFIED MAIL; RETURN RECEIPT AND KEEP A COPY FOR YOUR RECORD

IMPORTANT ASSESSMENT REMINDER:

Once your Annual Report is reviewed, verified and approved by NJDEP, the Department of Treasury will mail an invoice (a bill) directly to you in the appropriate amount of your annual assessment. This assessment is currently calculated at the rate of $\frac{1}{4}$ of 1% of your reported gross operating revenue with a \$600 minimum.

ONCE YOU RECEIVE THE INVOICE, YOU ARE REQUIRED TO PAY YOUR ASSESSMENT PROMPTLY. **PLEASE MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY, AT THE ADDRESS LISTED ON YOUR INVOICE.**